05-02-01

UTILITY PATENT

APPLICATION ELEMENTS

Attorney Docket APPLICATION 2132.030

TRANSMITTAL

FIRST NAMED INVENTOR

OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor Jackowski et al

TITLE: BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1348 DALTONS

EXPRESS MAIL LABEL NO.: E1608094566US

Date submitted: 04/30/01 Date submitted: 04/30/01

	TION ELEMENTS	Assistant Commissioner for Patents					
(See MP	PEP chapter 600 concerning utility patent appln.)	Box Patent Application					
1 Y	Fee Transmittal Form	Washington, D.C. 20231					
	(Submit an original, and a duplicate for fee p	6. Microfiche Computer Program (Appendix)					
	Specification 36 Total Pages						
	(preferred arrangement set forth below)	7. Nucleotide and/or Amino Acid Sequence Submission					
	-Descriptive title of the Invention	(if applicable, all necessary)					
	-Cross References to Related Applications	a Computer Readable Copy					
	-Statement Regarding Fed sponsored R&D	b Paper Copy (Identical to computer copy)					
	-Reference to Microfiche Appendix	c Statement verifying identity of above copies					
	-Background of the Invention	ACCOMPANYING APPLICATION PARTS:					
	-Brief Summary of the Invention						
	-Brief Description of the Drawings (if filed)	8 Assignment Papers (copy)9 37 CFR 3.73(b) Statement Power of Attorney					
	-Detailed Description						
	-Claim(s)	10 English Translation Document (if applicable)					
	-Abstract of the Disclosure	11 Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
	Drawing(s) (35 USC 13) 3 New Sheets	12 Preliminary Amandment					
4. X	Decl./Pow. of Att. 3 Total pages (COPY)	13. X Return Receipt Postcard (MPEP 503)					
	a. Combined Executed (original or conv	13. X Retain Receipt Postcard (MPEF 303) 14. Small Entity(2) Statement filed in prior					
	for C-I-P application)	(Unsigned) Statement(s) Application					
	b Copy from a prior appln. (37 CFR 1	63(d))					
	(for continuation/divisional with Box 17 com	nleted)					
	[Note Box 5 Below]	15 Certified Conv of Priority Document(s)					
	I. Deletion of Inventor(s)	15 Certified Copy of Priority Document(s) (If foreign priority is claimed)					
	Signed statement attached deleting	16 Other:					
	inventor(s) named in the prior applica	ation.					
	see 37 CFR 1.63(d)(2) and 1.33(b)						
5	Incorporation By Reference (useable if Box 4	b is checked)					
The entire disclosure of the prior application, from which a							
copy of the Oath or Declaration is supplied under Box 4b,							
is considered as being part of the disclosure of the							
accompanying application and is hereby incorporated							
	by reference therein.						
17. If a	CONTINUING APPLICATION, check app	propriate box and supply the requisite information:					
Cont	tinuation Divisional Continuation	on-in-part (CIP) of prior application No.					
	19 CODDE	CDONIDENCE A DISTRICC					
Customer	r Number or Bar Code Label	or X Correspondence address below					
	(Insert Customer No. Or Attach b	ar code label here), Cust #21/9/1/					
NAME:	Michael A. Slavin						
	McHale & Slavin, P.A.						
ADDRES		1200000					
CITY:		ATE: FL ZIP CODE: 33410					
COUNT							
		ONE: (561) 625-6575 FAX: (561) 625-6572					
	TO Transport Commissioner for Paten	ts, Box Patent Application, Washington, DC 20231					

FEE TRANSMITTAL for FY2001

Application Number: N/A

Filing Date

: N/A

First Named Inventor: Jackowski et al Group Art Unit

: N/A

Examiner Name : N/A

Total Amount DUE: \$355.00 Attorney Docket No. 2132.030 FEE CALCULATION (continued) METHOD OF PAYMENT (check one)

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
1 The Commissioner is hereby authorized to charge								
the filing fees and any additional fees to:								
Deposit:		Large Entity Sma		Sma	ll Entity			
Account No.	Fee	Fee	Fee	Fee	FEE DESCRIPTION			
Deposit	Code	(\$)	Code	(\$)				
Account Name:	105	130	205		Surcharge - late filing fee/oath			
Charge any additional Applicant claims small	127	50	227	25	Surcharge - late provisional			
Fee required under entity status. See. 37 CFR					filing fee or cover sheet.			
37 CFR 1.15 and 1.17 1.27	139	130	139	130	Non-English specification			
	147	2520	147	2520	For filing a Request. for Exam.			
2. X Payment Not submitted	112	920*	112	920*	Req. publication of SIR prior			
Check Money Order Other					Examiner Action			
FEE CALCULATION	115	110	215	55	Extension - first month			
1. FILING FEE	116	400	216	200	Extension - second month			
	117	950	217	475	Extension - second month Extension - third month			
Large Entity Small Entity	118	1510	218	755	Extension - fourth month			
Fee Fee Fee FEE DESCRIPTION/FEE PAID		2060	228	1030	Extension - fifth month			
Code (\$) Code (\$)	119	310	219	155	Notice of Appeal			
101 710 201 355 Utility filing fee <u>355</u>	120	310	220	155	Brief in support of Appln.			
106 320 206 160 Design filing fee	21	270	221	135				
107 400 207 245 Diant City 6								
	138	1510	138	1510	Petition to Institute Public			
108 710 208 355 Reissue filing fee					Use Proceeding			
114 150 214 75 Provisional filing fee	140	110	240	55	Pet. to revive - unavoidable			
SUBTOTAL (1) <u>\$355.00</u>	141	1320	241	660	Pet. To revive - unintentional			
Fee from	142	1320	242	660	Utility Issue Fee			
2. CLAIMS Extra below Fee Paid	143	450	243	225	Design Issue Fee			
Total Claims $2 20 = -3 \times 9 = -0$	144	670	244	335	Plant Issue Fee			
Independent <u>1</u> - 3 = <u>-0-</u> x <u>40</u> = $\$$ -0-	122	130	122	130				
Multiple Dep 0 $x = \$ -0$	123	50	123	60				
Claims	126	240	126	240				
Large Entity Small Entity	581	40	581	40				
Fee Fee Fee FEE DESCRIPTION	201	40	361	40	——————————————————————————————————————			
	146	200	246		Per property			
	146	290	246	395	Filing a Submission After			
103 22 203 11 Claims in excess of 20					Final rejection (37 CFR .129(a)			
102 82 202 41 Ind. Claims in excess of 3	3 149	790	249	39	5 For each addnl. invention			
104 270 204 135 Mult. Dependent claim				to 1	be examined (37 CFR 1.129(b)			
109 82 209 41 Reissue Independent Cla	ims ov	er Ori	ginal Pa	atent	Other fee (specify)			
110 22 210 11 Reissue Claims in excess	Ot	her fee	e (specit	fv)	(- P /)			
20 and over original patent								
FEE SUBTOTAL(2) \$355.00 **Jeduced by Losic filing fee SUBTOTAL(3) SUBMITTED BY:								
Michael A. Slavin SUBMITTED BY: SUBMITTED BY:								
Typed or printed Name: Mighael A Slaving	Reg. No. 34,016							
Signature: Date: Dep. Acct.:								

Outship

CERTIFICATE OF EXPRESS MAIL

Express Mail Mailing Label: EL608094566US

I HEREBY CERTIFY that the following correspondence: UTILITY APPLICATION
TRANSMITTAL; FEE CALCULATION SHEET; APPLICATION, INCLUDING CLAIMS; 3 SHEETS
OF DRAWINGS; DECLARATION/POWER OF ATTORNEY (unsigned); Mail Mailing Certificate;
RETURN-RECEIPT postcard; regarding the Application entitled: BIPOLAR MARKER INDICATIVE
OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1348 DALTONS is being deposited with the United States Postal Service as EXPRESS MAIL, POST OFFICE TO ADDRESSEE, in an envelope addressed to:

Commissioner of Patents & Trademarks Box Patent Application Washington DC 20231

on APRIL 30, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

MCHALE & SLAVIN, P.A. 4440 PGA BLVD. SUITE 402 PALM BEACH GARDENS, FL 33410 (561) 625-6575 Cathy Nicholson Legal Assistant